

DEBTOR: Santos A. LainezCASE NUMBER: 19-12293

OFFICE OF THE UNITED STATES TRUSTEE  
DISTRICT OF MARYLAND  
MONTHLY OPERATING REPORT - CHAPTER 11  
INDIVIDUAL DEBTORS

☐ Check if this is an  
amended report.

## COVER SHEET AND QUESTIONNAIRE - FORM 3

For Period from: 4-1-19 to 4-30-19**THIS REPORT MUST BE FILED WITH THE COURT 20 DAYS AFTER THE END OF THE MONTH**

Debtor must attach each of the following reports / documents unless the U. S. Trustee has waived the requirement in writing.

**REQUIRED REPORTS / DOCUMENTS**

- 1 Cash Flow Statement (Page 2)
- 2 Cash Reconciliation(s) and Narrative (Page 3)
- 3 Cash Receipts Detail (Page 4)
- 4 Cash Disbursements Detail (Page 5)
- 5 Receipts and Disbursements Recap Case to Date (Page 6)
- 6 **Bank Statements for All Bank Accounts open during any day during the period**  
(remember to redact all but the last four digits of bank account number)

**QUESTIONNAIRE**

Please answer the questions below for the month being reported:

	Yes	No
1. Did you deposit all receipts into your DIP account this month? 1a. If no, explain. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are all insurance policies current and in effect? 2a. If no, explain.** _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Have all <u>post petition</u> taxes been timely filed and paid, including quarterly estimated taxes, if applicable? 3a. If no, explain.** <u>NO - 2017 loss</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Did you pay all your bills on time this month?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Did you borrow money from anyone or has anyone made any payments on your behalf? 5a. If yes, why?** _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Other than postpetition mortgage or car payments, did you pay any bills you owed prior to filing for bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Do you have any bank accounts open other than the DIP account? 7a. If yes, when will they be closed? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*\*If additional room is needed, please use the "Unusual Items" Section on page 3 to explain.

**I declare under penalty of perjury that this Monthly Operating Report, and any statements and attachments are true, accurate and correct to the best of my belief.**

Executed on: \_\_\_\_\_

Signature (Debtor): \_\_\_\_\_

Print name: \_\_\_\_\_

Signature (Co-Debtor): \_\_\_\_\_

Print name: \_\_\_\_\_

DEBTOR:

Santos Lainez

Case Number:

19-12293**A. BANK ACCOUNTS THAT ARE OPEN AT END OF THE PERIOD**

Period ending:	Acct #1	Acct #2	Acct #3
Name of Bank: <u>Sandy Spring</u>	<u>59-01</u>		
Last four digits of account	<u>59-01</u>		
Purpose of Acct (Personal or Business)	<u>personal</u>		
Type of account (Checking or Savings)	<u>checking</u>		
Balance per Bank Statement at End of the Period	<u>12454.67</u>		
<b>TOTAL OF ALL ACCOUNTS AT END OF PERIOD</b>	<u>12454.67</u>		

Note: Attach a copy of the bank statement and bank reconciliation for every account that was open any point in time during the period, whether it is a prepetition account or a DIP account.

**B. AMOUNTS OWED TO OTHERS at the end of the Period (post-petition only)**

Are post petition mortgage payments current?

No

☒

Yes

Do you have other past due post petition bills?

No

☐

Yes

If yes, how much do you owe, including past due mortgage payments?

\$

(Please attach a list of the creditors and amounts owed)

**C. AMOUNTS OWED TO YOU at the end of the Period (both pre and post-petition)**

Does anyone owe you any money?

No

☒

Yes

If yes, how much is owed to you?

\$

(Please attach a list of the purpose and amounts owed)

**D. UNUSUAL ITEMS**

Please provide a description of any unusual financial transactions or changes to your financial condition in past reporting period.


DEBTOR: Santos A LainezCASE NUMBER: 19-12293For Period from: 4-1-19 to 4-30-19**CASH FLOW SUMMARY (SEE NOTE A)**

(Transfers between the debtor's bank accounts are not to be reflected on this page.)

1. Beginning Cash Balance		\$ <u>7208.46</u> (1)
2. Cash Receipts		
Wages	\$ <u>7188.42</u>	
Sole Proprietorship Revenues		
Draws from owned entities other than Sole Prop		
Rental Income		
Other <u>POS Refund</u>	<u>174.83</u>	
Other		
Total Cash Receipts for the month		\$ <u>7363.25</u>
3. Cash Disbursements		
Primary residence: Rent or home mortgage payment	\$	
Utilities and Communication related Expenses	<u>335.53</u>	
Home maintenance (repairs/upkeep/association dues)	<u>412.50</u>	
Food / Groceries / Housekeeping supplies	<u>138.12</u>	
Restaurants/Entertainment/Recreation	<u>103.33</u>	
Clothing / Laundry / Personal Care	<u>268.88</u>	
Charitable and Religious Contributions		
Insurance payments		
Installment payments (including car payments)		
Transportation related (gas, parking, tolls)	<u>248.24</u>	
Alimony, maintenance, support of others		
Legal / Professional Fees / U.S. Trustee Fees		
Sole Proprietorship Expenses		
Rental Property related: mortgages / expenses / repairs		
Other <u>medical</u>	<u>20.24</u>	
Other <u>cigs</u>	<u>11.83</u>	
Other <u>car tires</u>	<u>578.31</u>	
Other		
Miscellaneous		
Total Cash Disbursements for the month		\$ <u>2116.98</u>
4. Net Cash Flow for Month		
(Total Cash Receipts less Total Cash Disbursements)	(B - C)	<u>0.00</u>
5. Ending Cash Balance	(A + D) \$	<u>0.00</u>

DEBTOR: Santos A. LainezCASE #: 19-12293**CASH RECEIPTS DETAIL**

The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

For Period: 4-1-19 to 4-30-19  
(attach additional sheets as necessary)Bank Name Sandy SpringLast four digits of account number 59-01A. For each counter deposit made during the period, record the following information:

Date	Payer	Description	Amount
<u>4-9</u>		<u>wages</u>	<u>4792.28</u>
<u>4-22</u>		<u>wages</u>	<u>2396.14</u>

B. For direct deposits to your account which identify the source of the deposit, just record the grand total of all of these deposits.C. Deduct transfers between accounts made to this account included in Section A or B above.**Total Cash Receipts**\$ 7188.42

This total should agree with Page 2

**CASE #:** 19-12293

***The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.***

Bank Name Sandy Spring

Last four digits of account number 59-01

- [illegible]

- C.** Deduct transfers between accounts made to this account included in Section A or B above.

**Total Cash Disbursements** \$ 0.00  
This total should agree with Page 2

**RECEIPTS AND DISBURSEMENTS RECAP****Debtor:**Santos A. Lainez**Case #:**19-12293**Date Case was filed:** \_\_\_\_\_

This form is to be used to record Monthly Operating Reports' Receipts and Disbursements filed to date.  
It serves as a running total of overall cash receipts and cash disbursement and net income (or loss) for the case.

**NOTE:** These amounts are directly obtained from Page 2 of the associated MOR.

Year: 2019

	Receipts	Disb	Net
Jan			0
Feb			0
Mar			0
Apr	7363.25	2116.98	5246.27
May			0
Jun			0
Jul			0
Aug			0
Sep			0
Oct			0
Nov			0
Dec			0

TOTAL	0	0	0
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Year:

	Receipts-2	Disb-2	Net-2
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0

	0	0	0
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Last statement: March 31, 2019  
 This statement: April 30, 2019  
 Total days in statement period: 30

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 XX-XXXX59-01  
 (0)

\*\*\*\*\*AUTO\*\*SCH 5-DIGIT 21403  
 12280 0.5940 AV 0.383 43 8140

Direct inquiries to:  
 800-399-5919

SANTOS A LAINEZ SR BANKRUPTCY ESTATE  
 CASE# 19-12293  
 SANTOS A LAINEZ SR- TRUSTEE  
 307 EDGEWATER DR  
 EDGEWATER MD 21037-1323

Sandy Spring Bank  
 17801 Georgia Ave  
 Olney MD 20832

## Flex Business Checking

Account number	XX-XXXX59-01	Beginning balance	\$7,208.40
Low balance	\$7,208.40	Total additions	7,363.25
Average balance	\$11,204.62	Total subtractions	2,116.98
		Ending balance	\$12,454.67

### DEBITS

Date	Description	Subtractions
04-12	' Debit Card Purchase POS PURCHASE TERMINAL 30805502 EDGEWATER XM EDGEWATER MD XXXXXXXXXXXX4338 SEQ # 959486	67.33
04-15	' Debit Card Purchase POS PURCHASE TERMINAL 30805502 EDGEWATER XM EDGEWATER MD XXXXXXXXXXXX4338 SEQ # 567661	51.57
04-23	' Debit Card Purchase MERCHANT PURCHASE TERMINAL 55432869 LCA*LABCORP (LCBS) WEB 800-845-6 NC XXXXXXXXXXXX4338 SEQ # 200734675630	20.24
04-23	' ACH Withdrawal BGE PAYMENT 190423	247.99
04-24	' Debit Card Purchase MERCHANT PURCHASE TERMINAL 55432869 AMZN Mkt US*MZ7HE 6BQ1 Amzn.com/ WA XXXXXXXXXXXX4338 SEQ # 200876262189	97.92
04-24	' Debit Card Purchase MERCHANT PURCHASE TERMINAL 55432869 Amazon.com*MZ3ZQ2Q U1 Amzn.com/ WA XXXXXXXXXXXX4338 SEQ # 200973980245	40.20
04-29	' Debit Card Purchase MERCHANT PURCHASE TERMINAL 55309599 ZUMIEZ #592 COLUMBIA MD XXXXXXXXXXXX4338 SEQ # 706000025448	85.79
04-29	' Debit Card Purchase MERCHANT PURCHASE TERMINAL 15410199 A EAGLE OUTFTR0000 1271 COLUMBIA MD XXXXXXXXXXXX4338 SEQ # 041002035453	132.09
04-29	' Debit Card Purchase MERCHANT PURCHASE TERMINAL 05436849 TST* DON RAMON RES TAUR COLESVILL MD XXXXXXXXXXXX4338 SEQ # 500183002567	103.33

SANTOS A LAINEZ SR BANKRUPTCY ESTATE  
April 30, 2019

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XX-XXXX59-01

Date	Description	Subtractions
04-29	Debit Card Purchase POS PURCHASE TERMINAL 12702301 LATIN INC SILVER SP MD XXXXXXXXXXXX4338 SEQ # 559364	54.34
04-29	Debit Card Purchase POS PURCHASE TERMINAL 00M71512 7-ELEVEN HILLANDAL MD XXXXXXXXXXXX4338 SEQ # 890850	11.83
04-29	ACH Withdrawal COMCAST 8299400 040412053 190429	87.54
04-30	Debit Card Purchase MERCHANT PURCHASE TERMINAL 85180899 CLEANERS GREEN INC SILVER SP MD XXXXXXXXXXXX4338 SEQ # 980176423753	51.00
04-30	Debit Card Purchase MERCHANT PURCHASE TERMINAL 05123489 SARAH FABRICS SILVER SP MD XXXXXXXXXXXX4338 SEQ # 300249697325	578.31
04-30	Debit Card Purchase POS PURCHASE TERMINAL 06180620 NST THE HOME DEPOT 061 GAITHERSB MD XXXXXXXXXXXX4338 SEQ # 912029175601	237.66
04-30	Debit Card Purchase POS PURCHASE TERMINAL WALN000 WALNUT HILL LIBE GAITHERSB MD XXXXXXXXXXXX4338 SEQ # 912000000101	75.00
04-30	Debit Card Purchase POS PURCHASE TERMINAL 06180620 NST THE HOME DEPOT 282 GAITHERSB MD XXXXXXXXXXXX4338 SEQ # 912031180501	174.84

#### CREDITS

Date	Description	Additions
04-09	Deposit	4,792.28
04-22	Deposit	2,396.14
04-30	POS Refund POS DEPOSIT TERMINAL 06180594 NST THE HOME DEPOT 381 GAITHERSB MDXXXXXXXXXXXX4338 SEQ # 912093483301	174.83

#### DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
03-31	7,208.40	04-15	11,881.78	04-24	13,871.57
04-09	12,000.68	04-22	14,277.92	04-29	13,396.65
04-12	11,933.35	04-23	14,009.69	04-30	12,454.67

*Thank you for banking with Sandy Spring Bank*